



Department of Medical Assistance Services
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Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Medical Doctors, Nurse Practitioners, Professional Midwives, Health Departments, Rural Health Clinics, Federally Qualified Health Centers, Laboratories, Pharmacies, Outpatient Clinics, and Managed Care Organizations Participating in the Virginia Medical Assistance Program

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special
DATE: 12/11/2015

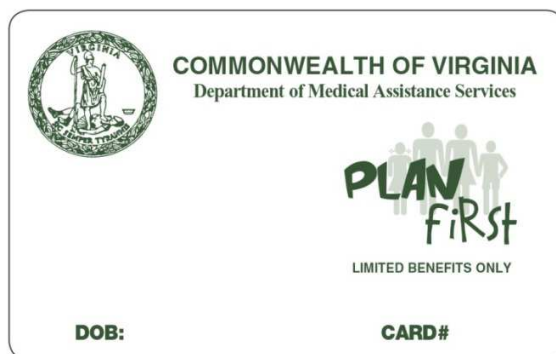
SUBJECT: Plan First Gets A New Look - **Effective March 1, 2016**

The Department of Medical Assistance Services (DMAS) administers the Plan First Medicaid program that pays for birth control and family planning services for women and men. **It is a limited benefit program and not considered full coverage Medicaid.** As of December 1, 2015, over 113,000 women and men are enrolled in Plan First. The purpose of this memo is to remind providers of the limited benefit package of family planning services; offer provider training in January 2016; and the change to the Plan First identification card.

With an increase in enrollment and changes in the program, providers and members have experienced significant confusion about the benefits. Through a comprehensive review of the program, that included input from the provider community, improvements are being made. Most notably, a separate Plan First member ID card will be issued along with revised correspondence to members that will emphasize this is a limited benefit program. The Department's goal is to make it easier for both providers and members to understand their coverage limits.

New Plan First Identification Card – Effective March 1, 2016

Effective March 1, 2016, the Plan First card will be **green and white** with the Plan First logo and will indicate “limited benefits”.



This card replaces the blue and white Medicaid card that Plan First members have used previously.

Note: It is important to verify eligibility prior to providing services. Covered services are limited to family planning services and supplies; non-covered services will not be reimbursed. Also, members of Plan First will continue to be excluded from enrollment in a managed care organization.

Plan First Covers:

- Annual physical exams for family planning (birth control) purposes including:
 - Pap smears for women to screen for cervical cancer, if appropriate
 - Sexually transmitted infection (STI) testing
 - Lab services for family planning and STI testing
 - Birth control counseling
- Birth control methods provided by a clinician or obtained with a prescription including IUDs, Depo Provera Injections, diaphragms, NuvaRing, birth control patch, Implanon and Nexplanon Implants, many birth control pills, and condoms
- Sterilizations (patient must be at least 21 and wait at least 30 days after signing a consent form)
 - Tubal Ligation (tubes tied) or Essure implant for women and vasectomies for men
- Transportation to a family planning appointment or to pick up a prescription for birth control

The Billing Guidance for Plan First, which provides a complete listing of services and supplies covered by Plan First, along with specific billing requirements, is available at http://www.dmas.virginia.gov/Content_pgs/mch-home.aspx under the header “Information for Providers”.

Plan First Does NOT Pay For:

- Medical exams for women/men who no longer need or want pregnancy prevention services
- Treatment for medical problems, including STIs or other reproductive health problems
- Repeat Pap tests due to a problem or Pap tests for women who do not need birth control
- Pharmacy, except for family planning purposes as noted above
- Vaccinations
- Hysterectomies
- Mammograms
- Infertility treatments
- Abortions
- Emergency transportation -- ground or air ambulance

Even though sterilizations are a covered service through Plan First, most individuals who have had a sterilization procedure will no longer need to access family planning services. However, Plan First will cover back-up contraception and follow up visits until the member can confirm with their provider the sterilization procedure was a success.

This information will be updated in the Plan First Provider Manual. Visit www.planfirst.org for more information.

Balance Billing:

All actively enrolled providers agree that payment made by the Virginia Medicaid program constitutes full payment except for determined copayment amounts, and the provider agrees not to submit additional charges to the recipient for covered services.

Plan First Provider Training:

The Department of Medical Assistance Services will conduct five (5) training sessions on Plan First. Clinical and administrative staff will benefit from attending one of these sessions.

January 11, 2016	1:00 pm
January 12, 2016	10:00 am
January 13, 2016	11:00 am
January 13, 2016	2:00 pm
January 14, 2016	10:00 am

The training session will cover the following topics:

- Overview of the Plan First program
- Eligibility for Plan First
- New Plan First ID Card
- Covered Services under Plan First
- Billing tips to ensure appropriate reimbursement

The training sessions will be via Adobe Connect. Online Medicaid training registration can be accessed at <http://dmasva.dmas.virginia.gov>. On the right hand menu click the Upcoming Training Events link. Open the Plan First training letter and select the link given that corresponds with the session you wish to attend. The links will open the Adobe Connect registration page to the training scheduled for that day and time. Each participant's name and valid email address will be required for registration. Once registration is approved, you will receive a confirmation email with all of the training details. The number of participants allowed in each session is limited. If you do not receive the confirmation email please call (804) 371-6327 or 225-4578.

We look forward to your participation in our Medicaid Webinar. If you have any questions regarding these sessions, please email us at providertrainingregistration@dmas.virginia.gov or call (804) 371-6327 or 225-4578.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for

Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.